



**North Carolina Department of Health and Human Services
Division of Aging and Adult Services**

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Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Dennis W. Streets
Director

DAAS ADMINISTRATIVE LETTER 06-11

To: Area Agencies on Aging
Subject: Consumer Contributions Monitoring Instrument
Date: August 18, 2006

The new Consumer Contributions Policy and Procedures became effective on September 1, 2005, however compliance monitoring for this policy was suspended until the fall of 2006. Attached is the monitoring instrument for determining compliance with this policy. This instrument is to be used in addition to the programmatic monitoring instruments for each service. All programmatic monitoring instruments will be revised to remove questions related to cost sharing/consumer contributions. This instrument, as well as all other programmatic monitoring instruments, can be found at:
<http://www.dhhs.state.nc.us/aging/monitor/mtools.htm>

If you have any questions regarding compliance monitoring, please contact Mark Hensley, Lead Monitor at 919-733-8400.

Sincerely,

A handwritten signature in black ink that reads "Dennis W. Streets". The signature is written in a cursive style with a large, stylized "D" and "S".

Dennis W. Streets, Director

**NC Division of Aging and Adult Service
Compliance Monitoring Instrument for Consumer Contributions**

Agency Name:	Monitor Name:			
Date:	Service monitored:			
Fiscal Year:				

<u>Administrative Review Tool</u>		Yes	No	N/A
<u>Exclusions and Prohibited Activity:</u>				
<i>Instructions: if the answer to question #1 - #4 is "no" then a corrective action plan must be implemented.</i>				
1	Are adults or children receiving services as part of a Protective Services Plan who are in the program for a year or less excluded from any Consumer Contributions requirements?			
2	Are children in foster care, children who have been approved to receive adoption assistance, and clients receiving Temporary Assistance for Needy Family (TANF) or clients applying for or receiving Supplemental Security Income (SSI) exempt from the Consumer Contributions Policy when they receive any of the following services: a. Adult Day Care b. Adult Day Health c. Housing and Home Improvement (renovations or repairs and furnishing or appliance purchases only) d. In-Home Aide Services e. Personal and Family Counseling f. Preparation and Delivery of Meals			
3	Are individuals who receive transportation administrated by the Division of Social Services excluded from the Consumer Contributions Policy? (i.e. Type V service)			
4	Are individuals participating in the Senior Companion Program exempt from any Consumer Contribution Policy requirements? (i.e. Type V service)			
<u>Prohibited Activities</u>				
<i>Instructions: if the answer to questions #5 - #9 is "yes", a corrective action plan must be implemented.</i>				
5	Is a Recommended Contribution Schedule used to solicit contributions from individuals with incomes at or below the federal poverty guideline?			
6	Are assets, savings, or other property owned by individuals used to determine eligibility for the Consumer Contributions Policy?			
7	Is means testing used to determine Consumer Contributions for any service subject to the Consumer Contributions Policy?			

NC Division of Aging and Adult Service
Compliance Monitoring Instrument for Consumer Contributions

<u>Administrative Review Tool</u>		Yes	No	N/A
8	Means testing is used to deny services to any individual who does not contribute to the cost of the service?			
9	Is a Recommended Contribution Schedule used for individuals receiving any of the following services:			
	a. Information and assistance, outreach, benefits counseling, or care management services			
	b. Ombudsman, elder abuse prevention, legal assistance or other consumer protection services			
	c. Congregate and home delivered meals or senior companion			
	d. Any services delivered through tribal organizations			
<u>Screening and Eligibility Determination</u>				
<i>Instructions: if the answer to questions #10 - #15 is "no" then a corrective action plan must be implemented.</i>				
10	Does the agency have a system in place to screen and determine eligibility to administer the Consumer Contributions Policy based on the name of the service and the self-declared economic status of the client? (This requirement is satisfied if question #8 is completed for each client on the DAAS-101)			
<u>Reporting of Consumer Contribution Revenues</u>				
11	Consumer Contributions Verification: For the service being monitored enter the amount of consumer contributions reported in ARMS: \$_____ for month _____. For the same month, enter the consumer contributions recorded in the agency's ledger \$_____. Does reimbursement report match the agency records? If not, explain in the notes.			
12	Does the agency report the net amount of consumer contributions monthly through ARMS?			
13	If the agency chooses to deduct administrative costs incurred for collecting consumer contributions, is documentation available to verify the amount of the deductions taken?			
<u>Collections Procedures and Financial Management</u>				
14	If the agency sub-contracts the service, does the written contract for service(s) identify the agency responsible for administering Consumer Contributions requirements?			
15	Does the agency have written procedures to account for and safeguard all contributions?			

Notes:

NC Division of Aging and Adult Services
COMPLIANCE MONITORING INSTRUMENT FOR CONSUMER CONTRIBUTIONS

Type I Services: Record Review Tool					Agency:					
Check the service being monitored:					Monitor Name:					
	Adult Day Services (day care/day health care)		In-Home Aide (level I, II, III, & IV)							
	Family Caregiver Support (only Respite Care and Supplemental		Institutional Respite							
	Group Respite		Mental Health Counseling							
	Home Health (skilled services)		Supportive Services contracted through Care Mgmt							
	Housing and Home Improvement (<i>*to be offered the opportunity to contribute at the beginning of the service provision and at the completion of the improvement only.</i>)									
<i>Below each client name, indicate "Y" (yes) or "N" (no) in the box to note if items 1 – 8 have been completed.</i>		<i>client name</i>								
1	A complete Provider Assurance Form, updated at least annually, is in the client's file. If answer is "yes", skip to question #8 below. If the provider has developed their own form, complete questions #2 - #8 below.									
Client file documentation indicates that, at least annually, the recipient or designated representative was informed:										
2	that contribution is entirely voluntary and that there is no obligation to contribute.									
3	that all contributions collected will be used to expand the service(s).									
4	that the information about the client's participation in consumer contributions shall be confidential.									
5	who should be contacted, including the telephone number, if there are questions regarding consumer contributions.									
6	the total cost of the service (actual or per unit).									
7	that services will not be reduced or terminated for failure to contribute.									
8	Client identifies as being above the federal poverty guideline and has received a copy of the Recommended Contribution Schedule.									

Notes:

Type II Services: Record Review Tool						Agency:										
Check the service being monitored:						Monitor Name:										
Care Management (HCCBG and Family Caregiver Support)						Legal Assistance										
Home Delivered Meals/Home Delivered Supplemental Meals						Legal - Family Caregiver Support										
Home Delivered Meals - Family Caregiver Support						NSIP only Home Delivered Meals										
<p><i>Below each client name, indicate "Y" (yes) or "N" (no) in the box to note if items 1 – 8 have been completed.</i></p>																
<p>1 A complete Provider Assurance Form, updated at least annually, is in the client's file. If answer is "yes", the record review is complete. If the provider has developed their own form, complete questions #2 - #7 below.</p> <p>Client file documentation indicates that, at least annually, the recipient or designated representative was informed:</p> <p>2 that contribution is entirely voluntary and that there is no obligation to contribute.</p> <p>3 that all contributions collected will be used to expand the service(s).</p> <p>4 that the information about the client's participation in consumer contributions shall be confidential.</p> <p>5 who should be contacted, including the telephone number, if there are questions regarding consumer contributions.</p> <p>6 the total cost of the service (actual or per unit).</p> <p>7 that services will not be reduced or terminated for failure to contribute.</p>						<i>client name</i>										

Type III Services: Record Review Tool		Agency:			
Check the service being monitored:		Monitor Name:			
	Congregate Nutrition/Congregate Supplemental Meals		Health Promotion/Disease Prevention		
	Congregate Nutrition (Family Caregiver Support Program)		Health Screening		
	NSIP only Congregate Nutrition Meals		Transportation (General or Medical)		
	Family Caregiver Support (Counseling/Support Groups/Training only)				
	Instructions: Indicate (yes/no) that the agency maintains written documentation that the following information is communicated to service recipients at least annually. (Examples may include, but are not limited to flyers, posters, letters, or a written copy of a group discussion)		Yes	No	N/A
1	that contribution is entirely voluntary and that there is no obligation to contribute.				
2	that all contributions collected will be used to expand the service(s).				
3	that the information about the client's participation in consumer contributions shall be confidential.				
4	who should be contacted, including the telephone number, if there are questions regarding consumer contributions.				

Notes: